

Application Data Sheet**Application Information**

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD Disks::
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: CELL CULTURE INSERT
Attorney Docket Number:: WEDELL1
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 4
Small Entity?:: Yes
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Gabriele
Middle Name::

Family Name:: WEDELL
Name Suffix::
City of Residence:: Goppeln
State or Province of Residence::
Country of Residence:: Germany
Street of Mailing Address:: Gebergrundblick 46
City of Mailing Address:: Goppeln
State or Province of Mailing Address::
Country of Mailing Address:: Germany
Postal or Zip Code of Mailing Address:: 01728
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Helmut
Middle Name::
Family Name:: MATTHES
Name Suffix::
City of Residence:: Grosserkmannsdorf
State or Province of Residence::
Country of Residence:: Germany
Street of Mailing Address:: Bautzner Landstrasse 39
City of Mailing Address:: Grosserkmannsdorf
State or Province of Mailing Address::
Country of Mailing Address:: Germany
Postal or Zip Code of Mailing Address:: 01454
Correspondence Information
Correspondence Customer Number:: 001444
Representative Information
Representative Customer Number:: 001444
Domestic Priority Information
Application:: Continuity Type:: Parent Parent Filing
Application:: Date::
This Application National Stage of PCT/EP03/008527 08-01-03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Germany	102 40 787.8	08-30-02	Yes

Assignment Information

Assignee Name::	OXYPHEN AG
Street of Mailing Address::	Gubelstrasse 11
City of Mailing Address::	Zug
State or Province of Mailing Address::	
Country of Mailing Address::	Switzerland
Postal or Zip Code of Mailing Address::	CH-6304